U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only S PO READ THE INSTRUCTIONS CAREFU	ILLY BEFORE PREPARING THIS REPORT.
OROLL	
1. File Number U - 1/705	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Bill Hamilton	Name UAW Local 1268, Unit 2
	Labor Organization Fi e Number ! CE? 34 16
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any !
Street 230 Edwards Street	Street 230 Edwards Street
City ,Sycamore	City Sycamore
State Illinois ZIP Code + 4 60178	State Illinois ZIP Code + 4 60178
5. Position in labor organization. Bargaining Chairman	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, "ransaction, or Income.
Name :	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
1.0. Box, Didg., Nooili No., ii aliy	7.b. Amount
Street	_ 10
City	1720 WR. H
State ZIF Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the	
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed On #15**C5** 815**CGG-73**37	
Signed WW/ (**)	on 815-05 815-899-0323